

Pre-Paid Inpatient Health Plan Survey for the Habilitation Supports Waiver

1.1 Expected Respondent: The respondent should be in a leadership position with the Pre-Paid Inpatient Health Plan (PIHP). The respondent must have knowledge of the organization's administrative, programmatic, operational, financial, and contractual arrangements.

1.2 Check box that best describes your position within PIHP:

- ☐ Executive Director of the PIHP (1)
- ☐ Chief Operating Officer of the PIHP (2)
- ☐ Deputy Director of the PIHP (3)

If Check the item that best describes your position within the Pre-Paid Inpatient Health Plan (PIHP). Other, please specify Is Selected

- ☐ Other, please specify (4) _____

1.3 Instructions: Provide a response to each question taking into consideration all individuals who the PIHP and its affiliated Community Mental Health Services Providers (CMHSP) support. At the end of each section, indicate what "evidence" can be provided to support the response. Do not submit the evidence with your completed survey; simply give a written description of the additional information. Project staff may verify this response at a later date with an on-site visit. Note: If you have general questions about completing the survey, please contact the Michigan Department of Community Health at HCBSTransition@michigan.gov. If your questions are specific to the Habilitation Supports HCBS Waiver, please contact the Habilitation Support Waiver Program at QMP-Federal-Compliance@michigan.gov. The Developmental Disabilities Institute at Wayne State University is completing this survey on behalf of the Michigan Department of Community Health.

1.4 Section 1: Pre-Paid Inpatient Health Plan: This survey is being completed for which PIHP (check only one box).

- ☐ Region 1: Northcare Network (1)
- ☐ Region 2: Northern Michigan Regional Entity (2)
- ☐ Region 3: Lakeshore Regional Partners (3)
- ☐ Region 4: Southwest Michigan Behavioral Health (4)
- ☐ Region 5: Mid-State Health Network (5)
- ☐ Region 6: Community Mental Health Partnership of Southeast Michigan (6)
- ☐ Region 7: Detroit Wayne Mental Health Authority (7)
- ☐ Region 8: Oakland County Community Mental Health Authority (8)
- ☐ Region 9: Macomb County Community Mental Health Services (9)
- ☐ Region 10: Region 10 Pre-Paid Inpatient Health Plan (10)

1.5 Respondent contact information for further questions.

Name (First & Last) (1)

Title (2)

Email Address (3)

Phone Number (4)

2.1 Does the PIHP own living arrangements licensed by the Michigan Department of Human Services, Bureau of Children and Adult Licensing (BCAL)?

☐ Yes (1)

☐ No (2)

If No Is Selected, Then Skip To End of Block

Answer If Does the PIHP own living arrangements licensed by the Michigan Department of Human Services, Bureau of Children and Adult Licensing (BCAL)? Yes Is Selected

2.2 How many of each type of residential settings does the PIHP own?

	Number of Residential Settings the PIHP owns (1)
Specialized residential home (1)	
General residential home (2)	
Private residence (3)	

Answer If Does the PIHP own living arrangements licensed by the Michigan Department of Human Services, Bur... Yes Is Selected

2.3 Evidence for responses in Section 3: Individuals' Rights within Residential Setting

3.1 Does each individual have a lease or residential agreement?

☐ Yes (1)

☐ No (2)

If Yes Is Selected, Then Skip To Does the lease or residential agreeme...

Answer If Does each individual have a lease or residential agreement for one's residential setting? No Is Selected

3.2 If no, why?

3.3 Does the lease or residential agreement provide each individual who is receiving Medicaid funded HCBS services with information on the eviction process and a means to appeal an eviction?

☐ Yes (1)

☐ No (2)

If Yes Is Selected, Then Skip To Have individuals been provided with i...

Answer If Does the lease or residential agreement provide each individual who is receiving Medicaid funded HCBS services with information on the eviction process and a means to appeal an eviction?<o:p></o:p> No Is Selected

3.4 If no, why?

3.5 Have individuals been provided with information on how to request new housing?

- ☐ Yes (1)
- ☐ No (2)

If Yes Is Selected, Then Skip To Is information about filing a complai...

Answer If Have individuals been provided with information on how to request new housing?<o:p></o:p> No Is Selected

3.6 If no, why?

3.7 Is information about filing a complaint posted in obvious locations in an understandable format?

- ☐ Yes (1)
- ☐ No (2)

If Yes Is Selected, Then Skip To Are individuals informed about how to...

Answer If Are policies outlining the individual rights, protections, and expectations of services and supp... No Is Selected

3.8 If no, why?

3.9 Are individuals informed about how to discuss their concerns?

- ☐ Yes (1)
- ☐ No (2)

Answer If No Is Selected

3.10 If no, why?

Answer If Does each individual have a lease or residential agreement?<o:p></o:p> No Is Selected Or Does the lease or residential agreement provide each individual who is receiving Medicaid funded... No Is Selected Or Have individuals been provided with information on how to request new housing? No Is Selected Or Is information about filing a complaint posted in obvious locations in an understandable format? No Is Selected Or Are individuals informed about how to discuss their concerns? No Is Selected

3.11 Evidence for responses in Section 3: Individuals' Rights within Residential Setting

4.1 Do staff receive new hire training and continuing education on individual rights and protections as outlined in the home and community based services rule?

- ☐ Yes (1)
- ☐ No (2)

4.2 Are policies outlining the individual rights, protections, and expectations of services and supports provided to individuals in an understandable format?

- ☐ Yes (1)
- ☐ No (2)

4.3 Does the PIHP have policies or protocols on any of the following items:

- ☐ Individual's ability to control access to personal and/or private space (e.g. bedroom, bathroom) (1)
- ☐ Access and use of personal or shared communication devices (cell phone, landline phone) including technology (personal computer, tablet) (2)
- ☐ Use of cameras and visual/audio monitors (3)
- ☐ Honoring preferences to share or not share a living arrangement (unit) or personal space (bedroom) (4)
- ☐ Arrange and control one's personal schedule of daily appointments/activities (5)
- ☐ Freedom of movement in one's living arrangement and/or community (6)
- ☐ Access to accessible, public or private transportation (7)
- ☐ Delivery of and Preparation for Integrative, Community-Based Employment (8)
- ☐ Ongoing monitoring and contract compliance of Home and Community Based Services Rule (9)

4.4 Evidence for responses in Section 4: Waiver Administration and Policy Enforcement